California Electronic Death Registration System (CA-EDRS)
Fax Sheet

Date: _____ County of Death (LRD): YOLO

Flora Alvarez, Chief Deputy Registrar

LRD **Fax Number:** **530 666-1549** LRD Telephone Number: **530 666-8680 / 530 666-8130**

Name of Decedent: _____ _____ _____
First Middle Last

Date of Death: _____ EDRS Record #:_____

Please check all boxes that apply:

Register Death Certificate and Issue Permit

Unlock record

PI (This will delete the embalmer's signature.)

MI (This will delete the physician and/or coroner's signature.)

CI (This will delete the coroner's signature.)

State reason: _____

MI Review

Amendment submitted: General Coroner

For multiple dispositions: **LRD Use only**

DC for multiple dispositions submitted for registration DC Registered _____
Amendment Submitted Amend Applied _____

Abandon record: DC Amendment # _____

State reason: _____

Do not issue permit # _____

Ship Out/International Disposition or Religious Burial (Expedited Service)

Request for Non-Contagious Disease Letter

Other _____

_____

Name of Funeral Establishment: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Local Registrar Use Only

Staff initials: _____ Date: _____

Remarks: _____